

Certificate of Incumbency

UNITED STATES DEPARTMENT OF AGRICULTURE
Farm Service Agency

CERTIFICATE OF INCUMBENCY AND SIGNATURE

I, _____, _____ of the Farm Service Agency (FSA), an Agency of the United States Department of Agriculture, DO HEREBY CERTIFY that I hold the office of _____ of MONTANA, for FSA and that the signature appearing below and the signature appearing above my name on Form FSA 1980-36 "Assignment of Guarantee", dated _____, and relating to a loan made by _____ to _____, FSA Loan Identification Number _____, are my genuine signatures.

Signature

Typed Name and Title

ACKNOWLEDGMENT

State of Montana

County of _____

On this ____ day of _____, 20__, before me, the subscriber, a Notary Public, in and for the above county and state, personally appeared __, known to me to be the _____ of the Farm Service Agency, United States Department of Agriculture, and the person who executed the foregoing instrument, and he acknowledged to me that he executed the same as the free act and deed of the United States of America, for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and seal at _____, Montana, the day and year aforesaid.

(SEAL)

Notary Public for the State of Montana
Residing at _____, Montana
My Commission expires: